## **Software Review**

MEDMICRO PROFESSIONAL HEALTH RISK ANALYSIS PROGRAM. Medmicro, Inc., Box 9615, 820 W. Wingra Drive, Madison, WI 53715. For IBM PC and compatibles. \$259.00.

Usually I am a klutz about getting new programs started. Once I am in them I learn fast, but installing them is another matter. MEDMICRO's *Professional Health Risk Analysis Program*, however, taught me a new one: I was able to install and run the program easily; I just couldn't get *out!* I could not exit the program until I provided an authorization number that I didn't have; I finally had to reboot the system to get out. I assume that this occurred because the program was sent for review and not to an individual, but one would think a company would take extra care to make sure a review copy came fully equipped.

Not to worry, however, because the program is a breeze to get going, and your patients will like the program, if they like sermons. In contrast to other risk assessment programs I have seen, which save up all of the bad news and sermons until the end, every time the patient using this program indicates a physical or moral lapse, the program immediately gives the patient a lecturette. My first lecture was about weight, the next about driving too much (at 12,000 miles per year). The program takes to heart the psychologists' recommendations about rapid feedback, but milliseconds is almost too fast.

The lectures, however, are clear, to the point, and clarify the dangers that might ensue from that risk factor. You must be certain your patient is emotionally ready to be upbraided for smoking, for example, and told that his or her risk of lung cancer and emphysema is high because of it.

The wrap-up consists of giving your patient the median survival expectancy for his or her age, sex, racial group (i.e., that age to which about 50 percent would survive), and then the median survival expectancy for him or her. I liked the program's telling me I could expect to live 7.7 years longer than average. I might, however, have had a myocardial infarction if I had been the patient I invented (one with almost every conceivable risk factor)—she would have lived 15.5 fewer years than expected. I am not sure whether this finale is the best way to conclude for all patients; the physician will have to explain to many the meaning of the median survival expectancy. The instructions have a disclaimer about its absolute accuracy but do assert its usefulness for comparisons. On the basis of my review, I would agree, but the only comparison available to the individual patient is the expected survival for the general population of that age, sex, and race.

It would be a far more instructive program if, along with the sermonettes, the program would say something like ". . . and you could extend your expected survival by two full years if you would return to, and stay at, your ideal weight." Then I could do a cost/benefit calculation to decide if giving up the goodies would be worth it. (I plan to try to get this information by rerunning the program on myself, pretending I am svelte to see how many years I would gain.)

It was only in claiming all possible risk factors that I discovered some of the

program's potential. When I indicated that my high-risk patient had a penchant for alcohol, the program began a standard inquiry regarding alcoholism. I could just see the program's glee when I responded affirmatively to a question about early morning drinking, and it didn't omit the opportunity to remind me I was heading in a most unhealthful direction. A somewhat different set of questions is displayed for women than for men, as might be expected.

The program should take no more than 15 minutes for the average patient to run, but a non-medical friend of mine took almost twice as long, due to her frequent chuckles and comments on the lecturettes.

The physician can print out an individual report for his or her files and/or to give to the patient, and summaries can be obtained as well, a nice feature. The printouts can be edited, which is another nice feature. Moreover, the entire program has a lean, clean feel to it, and the screens are extremely easy to read and respond to. The "professional" program can also be used in a data entry mode from a questionnaire (included, which can be purchased in quantity) if the physician would prefer to have patients work from pencil and paper and miss the rapid feedback. The "individual" program is much less costly, however, so that unless a data entry mode is desired, the individual program may be sufficient (but we did not have one to review).

In general, I enjoyed using the program and believe most of my patients would, too, provided that they read English, are not afraid of a computer, and feel comfortable with very directive advice and survival expectancies. Next issue, we will review the *Occupational Risk Analysis Program* by the same company.

JAMES F. JEKEL
Department of Epidemiology and Public Health
Yale University School of Medicine